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| 1. CIR./DIST./ DIV. CODE | 2. PERSON REPRESENTED <u>Stanley Foote</u> | VOUCHER NUMBER |
| 3. MAG. DKT/DEF. NUMBER | 4. DIST. DKT/DEF. NUMBER <u>07-549-01 WHW</u> | 5. APPEALS DKT/DEF. NUMBER |
| 6. OTHER DKT. NUMBER | 7. IN CASE/MATTER OF (Case Name) <u>U.S. v. Stanley Foote et al.</u> | |
| 8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal | | 9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other: |
| 10. REPRESENTATION TYPE (See Instructions) <u>CC</u> | | |

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.
21:84b conspiracy to dist. controlled substance; 21:84(a)(1)-(b)(1)(A) and 18:2 Controlled Substance - sell, dist. dispense;

12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS

Michael N. Pedicini, Esq.
60 Washington St.
Morristown, NJ 07960
 Telephone Number: (973) 285-1555

13. COURT ORDER

- ☒ Appointing Counsel ☐ C Co-Counsel
☐ F Subs For Federal Defender ☐ R Subs For Retained Atty.
☐ P Subs For Panel Attorney ☐ Y Standby Counsel

Prior Attorney's Name: Timothy Donohue

Appointment Date: 10/7/2008

- ☐ Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in item 12 is appointed to represent this person in this case, OR
☐ Other (See Instructions)

Signature of Presiding Judicial Officer or By Order of the Court
30 Oct 08

Date of Order

Nunc Pro Tunc Date

Repayment or partial repayment ordered from the person represented for this service at time of appointment. ☐ YES ☐ NO

| CATEGORIES (Attach itemization of services with dates) | | HOURS CLAIMED | TOTAL AMOUNT CLAIMED | MATH/TECH. ADJUSTED HOURS | MATH/TECH. ADJUSTED AMOUNT | ADDITIONAL REVIEW |
|--|--|---------------|----------------------|---------------------------|----------------------------|-------------------|
| In Court | a. Arraignment and/or Plea | | | | | |
| | b. Bail and Detention Hearings | | | | | |
| | c. Motion Hearings | | | | | |
| | d. Trial | | | | | |
| | e. Sentencing Hearings | | | | | |
| | f. Revocation Hearings | | | | | |
| | g. Appeals Court | | | | | |
| | h. Other (Specify on additional sheets) | | | | | |
| Out of Court | a. Interviews and Conferences | | | | | |
| | b. Obtaining and reviewing records | | | | | |
| | c. Legal research and brief writing | | | | | |
| | d. Travel time | | | | | |
| | e. Investigative and other work (Specify on additional sheets) | | | | | |
| 17. | Travel Expenses (lodging, parking, meals, mileage, etc.) | | | | | |
| 18. | Other Expenses (other than expert, transcripts, etc.) | | | | | |

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE

FROM: _____ TO: _____

20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION

21. CASE DISPOSITION

22. CLAIM STATUS

☐ Final Payment

☐ Interim Payment Number _____

☐ Supplemental Payment

Have you previously applied to the court for compensation and/or reimbursement for this case? ☐ YES ☐ NO If yes, were you paid? ☐ YES ☐ NO
 Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? ☐ YES ☐ NO If yes, give details on additional sheets.

I swear or affirm the truth or correctness of the above statements.

Signature of Attorney _____

Date _____

23. IN COURT COMP.

24. OUT OF COURT COMP.

25. TRAVEL EXPENSES

26. OTHER EXPENSES

27. TOT. AMT. APPR./CERT.

28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER

DATE

28a. JUDGE/MAG. JUDGE CODE

29. IN COURT COMP.

30. OUT OF COURT COMP.

31. TRAVEL EXPENSES

32. OTHER EXPENSES

33. TOTAL AMT. APPROVED

34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.

DATE

34a. JUDGE CODE